

**Putnam County Emergency Medical Services**  
**Public Relations / Education Department**  
270 Carlen Dr. Cookeville, TN 38501  
Phone: (931) 528-1555  
Fax: (931) 372-0295  
Email: emspublished@putnamco.org

## ***Ambulance Ride Request***

Name: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(last) (first) (middle)

Social Security Number: \_\_\_\_-\_\_\_\_-\_\_\_\_ Street Address: \_\_\_\_\_ Apt. #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_-\_\_\_\_ Telephone Number: (\_\_\_\_)-\_\_\_\_-\_\_\_\_

Your Credentials: CPR AED EMT EMT-P RN MD Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date Requesting Ride: \_\_\_\_/\_\_\_\_/\_\_\_\_

Please list any previous experiences with Emergency Medical Services?

Please list any prescribed medications that you take on a regular basis:

Please list any allergies you have:

I hereby certify (with my signature below) that I understand there are risks, and safety factors that make emergency work hazardous. In doing so, I agree to hold harmless, and release from liability Putnam County Emergency Medical Service, its agents, and Putnam County in the event of an accident or any injury I may receive during the course of my visit. I also understand that the material and information I will be exposed to is protected by law, and I may not speak of a particular patient's circumstances, or identify them in any way outside of ambulance stations with personnel other than my visit supervisor.

\_\_\_\_\_  
Signature:

\_\_\_\_\_  
Printed Name:

\_\_\_\_\_  
Witness:

### **DEPARTMENT USE ONLY**

Approval of Rider: APPROVED NOT APPROVED Approval by: \_\_\_\_\_

Assigned visit date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Assigned Ride Supervisor: \_\_\_\_\_

Signature of Ride Supervisor (accepting rider): \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_